

WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631 TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

NOTIFICATION OF STOCK OWNERSHIP CHANGE

FEE: \$55

THE GAMBLING COMMISSION MUST BE NOTIFIED OF STOCK OWNERSHIP CHANGES WITHIN TEN DAYS OF THE TRANSACTION CLOSE.

In accordance with WAC 230-04-240, special investigative fees may be requested if costs of this action's investigation exceed the basic fee provided with this application.

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Trade name under whic corporation is licensed:		!!!	!!!	!	!!!	!	!!!	!!!	!	!	!!!	!	!	!	!!!	
Corporation Name:		_	_					_'		_						
Mailing Address:		_ _	_ _			_	_	_		_		_	_	_	.	
<u></u>		_	_ _		_			_			.∖l tate	L		_ _ Zip		
<u> </u>	_ _	County	_				l	UBI	#:					_	- !!.	
Primary Telephone:	_	_ - ;		- :_	_		FA	X:	_	- _	_		_ -	_	.	
Cell Telephone Number	r (Optiona	al)	. _	_ - _	_ _	- _			_							
Premises Address:	_	_	_		_ _		 _	_ _	_	_		_	_		.	
		ll_	_		_		- -	_ _	l		tate	L		_ Zip	<u> </u>	
Telephone:	_ -	-		_												
1. List owners <u>prior</u> to	stock c	hange a	nd inc	lude p	ercent	age:	(Attach	additio	nal sh	eets,	if ne	cessa	ary.)			
a. Last Name:	_	_	_			_	_	_		_		_	_	_		
First Name:				. _				_		_	_	_ _			MI:	
Title: _	_		_		_		_	_		_				_		
Social Security #:	:	_ -	-	- :_												
Number of Share	s Owned:	:	_ ,					Percen	tage o	of Sto	ck O	wners	ship:	_	_	_ %
b. Last Name:	_		_		_ _	_	_	_ _		_			_		.	
First Name:	_										_	_	-i		MI:	
Title: _			_		_		_	_		_		_		_		
Social Security #:	:	_ -	_ -	- :_												
Number of Shares	s Owned	:		1	+ I			Percen	tage o	of Sto	ck O	wners	ship:	-	-	%

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1.	Lis	st owners prior to stock change and include percentage: (Continued)			
	C.	Last Name:			
		First Name:		MI:	
		Title:			
		Social Security #: - -			
		Number of Shares Owned: Percentage of Stock Ownership:		_ _	%
2.	Di	st owners <u>subsequent</u> to stock sale or transfer and include percentages. Complete and submit the sclosure of Corporate Officers / Stockholders (GC4-017) form, and submit a new copy of your stock additional sheets, if necessary.)			
	a.	Last Name:			
		First Name:		MI:	
		Title:			
		Mailing Address:			
		City State			
		City State 2	<u>Z</u> ip		
		Social Security #: - Number of Shares Owned: ,,			
		Percentage of Stock Ownership:			
	b.	Last Name:			
		First Name:		MI:	
		Title:			
		Mailing Address:			
		•	<u>Z</u> ip		
		Social Security #: - _ - Number of Shares Owned: ,			
		Percentage of Stock Ownership:			
	C.	Last Name:			
		First Name:		MI:	
		Title:			
		Mailing Address:			
			Zip		
		Social Security #: - - Number of Shares Owned:			
		Percentage of Stock Ownership: % Date Acquired: - -	!		

Corporate President Signature is Required – See Page 3 of Application

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- 3. If not previously submitted, all persons (and their spouses) who have a substantial interest in the corporation, as defined by WAC 230-02-300, must complete the attached *Personal / Criminal History Statement* (BLS-700-301). Also, submit a new listing of corporate officers, including their titles.
- 4. Submit a copy of the meeting minutes authorizing this stock ownership change, and copies of all documents setting out this sale, or stock transfer. If stock was sold, the *Financial Statement* (BLS-700-303) and *Source of Funds Statement* (BLS-700-304) must be completed by the purchasers.

* * * IMPORTANT * * *

5. If you are a new substantial interest holder, as part of this application, you are required to provide positive proof of identity. To accomplish this requirement, submit along with this application, the following items. A copy of one of these official documents; a valid driver's license, a military identification card, a valid passport, or if you are registered alien-an alien registration card. Ensure photograph is identifiable. You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. I further understand that if I voluntarily withdraw or if the commission administratively closes my application, the remainder of my fee, minus the commission's processing and investigative costs, will be refunded. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

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Signature	•			Date		 	

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